

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51	/			
2	/					52	/			
3	/					53				
4						54				
5						55				
6						56				
7	/					57				
8	/					58				
9	/					59				
10	/					60	/			
11	/					61	/			
12	/					62	/			
13						63				
14						64				
15						65				
16						66				
17						67				
18						68				
19						69				
20						70				
21						71				
22						72				
23						73				
24						74				
25	/					75				
26	/					76				
27	/					77				
28	/					78				
29						79				
30						80				
31						81				
32						82				
33						83				
34						84				
35						85				
36						86				
37	/					87				
38	/					88				
39	3					89				
40	/					90				
41	/					91				
42	/					92				
43	/					93				
44	3					94				
45	/					95				
46	/					96				
47	/					97				
48	/					98				
49	/					99				
50	/					100				
TOTAL IND.	5					TOTAL IND.	2			
TOTAL DEP.	53	↔	↔	↔		TOTAL DEP.	10	↔	↔	
TOTAL CLAIMS	58					TOTAL CLAIMS	12			